

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of ) **MAIL STOP RCE**  
Lars Martensson et al. )  
Application No.: 10/533,289 ) Group Art Unit: 1797  
Filing Date: April 29, 2005 ) Examiner: REGINA M. YOO  
Title: DEVICE AND METHOD FOR ) Confirmation No.: 6042  
STERILIZING PACKAGES )

**REQUEST FOR CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer Number **21839**

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 of the above-identified application.

1.  a. Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified in item 1.c. below.  
 b. Applicant(s) previously submitted the following document(s) for which continued examination is requested:
  - i. Consider the Amendment previously filed on March 5, 2010.
  - ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_.
  - iii. Other: \_\_\_\_\_  
 c. The following documents are enclosed with this submission:

<input type="checkbox"/> i. Amendment/Reply	<input checked="" type="checkbox"/> iv. Petition for Extension of Time
<input type="checkbox"/> ii. Affidavit(s)/Declaration(s)	<input type="checkbox"/> v. Other:
<input checked="" type="checkbox"/> iii. Information Disclosure Statement	
2.  Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed three months. **Fee under 37 CFR § 1.17(i) required.**)
3.  **The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.** The fee is calculated below on the basis of the highest number of claims previously paid for in this application prior to this submission.

Request for Continued Examination Transmittal Letter  
 Application No. 10/533,289  
 Attorney Docket No. 1027651-000272  
 Page 2

					FEES
<b>RCE Fee (1801)</b>					\$ 810
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	
Total Claims	18	33	0	x 52 (1202)	\$ 0
Independent Claims	1	3	0	x 220 (1201)	\$ 0
<b>Total Fee</b>					\$ 810
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee					\$ - 0
<b>TOTAL APPLICATION FEE DUE</b>					\$ 810

4.  Charge \_\_\_\_\_ to Deposit Account No. **02-4800** for the fee due.
5.  Charge \$810 to credit card for the fee due.
6.  The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date: April 1, 2010

By: /Peter T. deVore/  
 Matthew L. Schneider  
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Peter T. deVore  
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